

COLLABORATIVE
PARTNERSHIPS
IMPROVING
COMMUNITY
HEALTH

Kids Get Care State Board of Health Meeting December 10, 2003

Susan Johnson, Director Kirsten Wysen, Policy Analyst King County Health Action Plan Public Health-Seattle & King County

KING COUNTY HEALTH ACTION PLAN

Health Action Plan and Kids Get Care

The mission of the King County Health Action Plan is to implement innovative collaborative policy development and pilot projects that focus on system change and improvement of worsening health trends affecting vulnerable populations within King County.

COLLABORATIVE
PARTNERSHIPS
IMPROVING
COMMUNITY
HEALTH

Kids Get Care (KGC) is a program to ensure that children, regardless of insurance status, receive early integrated preventive physical, oral, developmental and mental health services through attachment to a health care home.

Children's Physical and Mental Health Needs

- Only 21% of Medicaid children in Washington State had complete Well Child Checks in 2001 (OMPRO 2001)
- Only 50% of commercially insured children nationwide are upto-date with Well Child Checks by 15 months of age (NCQA 2003)
- More children in Washington State are hospitalized for mental health problems than for injuries (Kids Count)
- Behavioral and emotional problems are 1.5 to 2 times more frequent in households with lower family incomes (Kids Count)

Oral Health Needs in King County

- Only 26% of Medicaid children 0 to 5 received any type of dental service in 2002 (MAA, 2003)
- Less than 5% of Medicaid children 0 to 2 have seen a dentist (MAA, 2003)
- Five times more children suffer from caries than from asthma (JAMA, 2000)
- Eighty percent of tooth decay is found in 25 percent of children (Ibid)

KGC's Strategy to Improve Physical and Oral Health In the Community

Dental Providers
Access to Baby and Child Dentistry
Increased Capacity



Primary Care

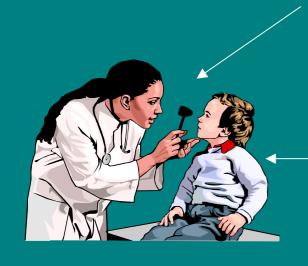
Medical Providers

Prevention

Community Based
Organizations
Education

Operationalizing Integration in the Clinic

Case managers assure services are completed



"Seize the moment"



- Primary care providers (PCPs) do oral health screening, education, and fluoride varnishes
- •PCPs refer kids to dentists prioritizing high risk

- •Dentists provide oral health services and look "beyond the mouth"
- •Dentists refer kids needing medical home to medical clinic
- •Train PCPs in oral screening/education/ fluoride varnishes

Program Achievements in First Two Years

- 41% average increase in percentage of two-year-olds up-to-date with Well Child Checks, from 53% to 75% overall
- Over 7,000 children connected to health care homes
- Over 35,000 children scanned for developmental milestones
- Over 3,000 providers and community staff trained to provide developmental, oral health scans and health care home linkage
- 66% increase in oral health screenings at one medical clinic
- Over 100 private dentists participating in the ABCD program in the first three months
- Educational video on Well Child Checks, and "red flags" checklists, available at www.metrokc.gov/health/kgc

Kids Get Care Cost Effectiveness

- Two-year-olds with up-to-date Well Child Checks are 48% less likely to have avoidable hospitalizations (Hakim, *Pediatrics*, July 2001)
- Children with a regular health care home are 37% less likely to visit the ER (Christakis, *Pediatrics*, July 2001).
- Paying for fluoride varnishes for Medicaid children 0 to 5 in King County costs \$1.4 million, while paying to fill cavities costs \$1.7 million (WDSF analysis, 2003)

Kids Get Care Today

- Funding momentum
 - \$730,000 in new grant money in six months
- Used as a best practices example
 - OMPRO Clinical Advisory Panel meeting
 - Federal Healthy Communities Access Program
 - Journal articles: Future of Children, Journal of Dental Education,
 Children & Youth Funding Report
 - RWJ Local Initiative Funding Partners Oral Health Cluster meeting
 - HRSA Maternal and Child Health Bureau webcast conference on partnerships with Title V, Medicaid and local health departments and EPSDT

Promoting the Prevention Model

- KGC is consistent with the Chronic Care Model and quality improvement PDSA cycles
- KGC uses techniques identified by national prevention, service integration efforts (physical, oral, developmental, and mental health)
 - National Initiative for Children's Healthcare Quality
 - Institute for Healthcare Improvement
 - 2000 Surgeon General report on oral health
 - 1999 Surgeon General report on mental health

The Policy Opportunities

Kids Get Care is an "assertive access" demonstration project that showing it is:

- It is more cost effective to provide well child care to young children than hospitalizations
- It is more cost effective to provide fluoride varnishes to young children than caries treatment

Kids Get Care Tomorrow

• Moving from sites to systems

• Expanding from practices to policies

Continuing the momentum

Current Medicaid Implications

- What are the implications for current Medicaid policy changes?
 - Premiums, 2/04, could result in 10% to 49% decrease in enrollment (according to MAA waiver)
 - 6 month recertification, 7/03
 - Quality adjuster, 2004 and 2005

Contexts for Change

- Can we incentivize prevention at a policy and plan level when funding is tight?
- Can we pilot premium waivers in areas with Kids Get Care-type programs to contrast with the costs of expected Medicaid disenrollment?

• Can we share our lessons learned through a "Children's Health Prevention" Collaborative?

Possible Next Steps

- Premium waivers for all families in Kids Get Caretype programs
- Pilot premium waiver for families at a few current Kids Get Care locations and track hospital use
- Quality adjustment to pay more for high well child visit plans or providers (RI, UT and WI do)
- Build a Children's Health Prevention Collaborative
- Expand to additional counties, seven are interested
- Others...